

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09832438

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5						
6		1				
7		1				
8		1				
9	1					
10		1				
11	1					
12		1				
13		1				
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33	1					
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39	1					
40		1				
41	1					
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	39	↔	↔	↔		
TOTAL CLAIMS	42					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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58						
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97						
98						
99						
100						
TOTAL IND.			↔	↔	↔	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS						